



## Administrative Policies and Procedures: 16.60

<b>Subject:</b>	<b>Multiple Response Services (MRS)/Family Services Worker Responsibilities</b>
<b>Authority:</b>	TCA 37-1-102 ; 37-1-131; 37-1-132; 37-1-168; 37-1-169; 37-5-105; 37-5-106; 37-5-601, et Seq.
<b>Standards:</b>	<b>DCS Practice Model Standards:</b> 12-300; 12-301; <b>COA:</b> CPS 4.05
<b>Application:</b>	To All Department of Children's Services Child Protective Services Assessment Services Employees, Family Crisis Intervention Program Services Employees and Family Service Workers

### Policy Statement:

Upon referral from CPS Investigation, CPS Assessment, or Juvenile Court, the Department of Children's Services, working with other public agencies, or community based private agencies, which may include faith based organizations, shall offer Family Services to children and families as appropriate to meet their needs.

### Purpose:

To safeguard and enhance the welfare of children and to preserve family life, to prevent harm and abuse to children to strengthen the ability of families to parent their children effectively through the Multiple Response Services (MRS) system by using available community-based public and private services.

### Procedures:

<b>A. Cases transferred from CPS investigation and from CPS assessment</b>	<ol style="list-style-type: none"><li>For cases transferred from the CPS Assessment Track:<ol style="list-style-type: none"><li>At one hundred ten (<b>110<sup>th</sup></b>) day of the case, the CPS Assessment Worker (AW) and the CPS Assessment Team Leader (ATL) must confer to determine if the need for services continues to exist.</li><li>If yes, the AW will schedule a Family Service Team Meeting (FSTM) by the one hundred twenty (<b>120<sup>th</sup></b>) day with the <b>FAMILY</b>, the Family Service Worker (FSW), the Family Service Team Leader (FSTL), the CPS Assessment Team Leader (ATL), any providers working with the family and any support persons identified by the family. The case will transfer at the one hundred twenty (<b>120<sup>th</sup></b>) day.</li></ol></li><li><b><u>For cases to be transferred from the CPS Investigation Track:</u></b><p>At the fifty (<b>50<sup>th</sup></b>) day of the case, the CPS Investigative Worker (IW) and the CPS Investigation Team Leader (ITL) must confer to determine if the need for services continues to exist. If yes, the IW will schedule a Family Service Team Meeting (FSTM) by the 60<sup>th</sup> day with the <b>FAMILY</b>, the Family Service Worker (FSW), the Family Service Team Leader (FSTL), the CPS Investigation Team</p></li></ol>
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	<p>Leader (ITL), any providers working with the family and any support persons identified by the family. The case will transfer at the sixty (60<sup>th</sup>) day.</p> <ol style="list-style-type: none"><li>3. At the transfer FSTM, the FSW, the CPS Investigator or the CPS Assessment Worker, and the family will complete a new <b>Non-Custodial Permanency Plan (CS-0787) (NCPP)</b>. The FSW will write the plan with input from all participants. CPS will ensure that any safety issues are addressed in the plan. The <b>NCPP</b> must be entered into TNKids within three (3) calendar days of the transfer.</li><li>4. The FFA, case recording, case documentation and purchase requests (PSGs) for purchased services that are to continue must be updated prior to case transfer. A copy of the CPS case file must be provided to the FSW at transfer. The updated FFA must be given to the FSW within five (5) days of case transfer.</li><li>5. There must be two (2) face-to-face contacts per month with the victim. At least one (1) of these must be a home visit. Each parent/caretaker(s), significant other and sibling(s) residing in the home must be seen at least one (1) time per month in order to assess risk.</li><li>6. There must be contact every other week with each provider (paid or unpaid, contract or community) that is working with the family. This contact may be by telephone, e-mail or face-to-face.</li><li>7. There must be a FSTM every ninety (90) days from the date of the transfer FSTM for the life of the case. A revised <b>NCPP</b> must be completed at each FSTM.</li><li>8. The FFA must be updated quarterly throughout the life of the case.</li><li>9. Risk is assessed continuously throughout the life of the case using any available assessment tools including the <b>FFA and Family Advocacy Support Tool (FAST)</b>. Risk is also addressed and assessed at each FSTM.</li><li>10. If at any time during the life of the case the family refuses services, the FSW and the FSTL must confer to determine if the risk to the child is such that court-ordered services are needed.<ol style="list-style-type: none"><li>a) If <b>YES</b>, the FSW will follow through with legal action to request court-ordered services.</li><li>b) If <b>NO</b>, close the case. Advise the family that their refusal of services could result in court-ordered services in the event that DCS receives another referral on the family. Document the refusal of services and the advisement to the family in the case recording.</li></ol></li><li>11. If at any point during the life of the case, services are court-ordered, the FSW must take the case back to court prior to closure.</li><li>12. If at any time the FSW feels a child is at risk of harm, the FSTL, Team Coordinator and legal must be consulted immediately. A decision must be made as to what puts the child at risk:<ol style="list-style-type: none"><li>a) A new incident – something the FSW has not been working on with the family, or</li><li>b) It is an escalation or increase in risk of the issues the FSW has been</li></ol></li></ol>
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	<p>working on with the family.</p> <p>13. If it is a new incident/issue, a CPS referral must be made immediately. If it is an escalation or increase in risk, the FSW, FSTL, and Legal Counsel must make a decision whether the FSW should petition for custody. <b>IF THERE IS ANY DOUBT, REFER TO CPS, IMMEDIATELY.</b></p> <p>14. A CFTM, with a skilled facilitator, must be held prior to filing a petition for custody to explore all alternatives to custody, unless it is a true emergency and the child must be removed at once to ensure safety. If there is no alternative to an emergency removal, a CFTM with a skilled facilitator, must be held as soon as possible, but no later than seven (7) calendar days. The Team Coordinator must approve the decision to petition for custody. Please refer to DCS policy <a href="#"><u>31.7 Building, Preparing and Maintaining Child and Family Teams</u></a>.</p> <p><b>Note:</b> <i>If a CFTM with a skilled facilitator is conducted in lieu of a FSTM and services are continued outside of DCS custody, the <b>Non-Custodial Permanency Plan (CS-0787)</b> is used to document the meeting. However, in the event the child enters DCS custody as a result of the CFTM, the <b>Child and Family Team Meeting Summary (CS-0747)</b> will be completed. The CFTM Summary documents the team's decision and that all participants have been informed of their TennCare Appeal Rights.</i></p>
<b>B. Cases Referred directly from the Court</b>	<ol style="list-style-type: none"><li>1. Initial Contact must be made with the family within one (1) working day.</li><li>2. A face-to-face contact must be made within two (2) working days.</li><li>3. A home visit must be made within five (5) working days if not made during the initial contact.</li><li>4. A FSTM will be convened within fifteen (15) calendar days of the referral with the family, FSW, and the FSTL. The Court Liaison should also attend the FSTM if the CL has knowledge of the referral if at all possible. A <b>NCPP</b> will be developed with the family at the FSTM and entered into TNKIDS within three (3) days.</li><li>5. The FFA will be initiated within fifteen (15) calendar days of the referral and must be updated quarterly as long as the case remains open.</li><li>6. There will be weekly contact with the family for the first thirty (30) days. At least two (2) of these visits must be in the home. Each family member will be seen face-to-face at least two (2) times during this thirty (30) day time period in order to begin intensive service delivery and risk assessment.</li><li>7. There must be contact every other week with each provider (paid or unpaid, contract or community) that is working with the family. This contact may be by telephone, e-mail or face-to-face.</li><li>8. If the case remains open after the first thirty (30) days, there will be two (2) face-to-face contacts with the family per month with at least one (1) of these being a home visit. Each family member must be seen face-to-face at least one (1) time per month in order to assess risk and to ensure that all family members are involved.</li></ol>

	<ol style="list-style-type: none"><li>9. There will be a FSTM every ninety (90) days from the date of the referral as long as the case is open. A revised <b>NCPP</b> will be completed at each FSTM.</li><li>10. The FFA will be updated quarterly as long as the case is open.</li><li>11. Risk is assessed continuously throughout the life of the case using any available assessment tools including the FFA and FAST. Risk is also addressed and assessed at each FSTM. Please refer to DCS policy <a href="#"><u>11.4 Family Functional Assessment Process</u></a>.</li><li>12. If the case was Court-ordered (as opposed to simply <u>referred</u> by the Court) and the need for services no longer exists, the FSW will take the case back to Court for approval to close. If the family refuses services at anytime during the life of a Court-ordered case, the FSW will take the case back to Court to inform the judge of the non-compliance.</li><li>13. If the case was <b>NOT</b> Court-ordered and the need for services no longer exists, close the case after consultation with the FSTL. If the family refuses services at any time during the life of a case that is not Court-ordered, the FSTL and the FSW will consult to determine if services should be Court-ordered based on risk to the child.<ol style="list-style-type: none"><li>a) If <b>YES</b>, consult with Legal Counsel to get the services Court-ordered.</li><li>b) If <b>NO</b>, close the case.</li></ol></li><li>14. If at any time the FSW feels a child is at risk of harm, the FSTL, TC, and Legal Counsel must be consulted <b>IMMEDIATELY</b>. A decision must be made as to what puts the child at risk:<ol style="list-style-type: none"><li>a) A new incident – something the FSW has not been working on with the family, or</li><li>b) It is an escalation or increase in risk of the issues the FSW has been working on with the family.</li></ol></li><li>15. If it is a new incident/issue, a CPS referral must be made immediately. If the issues have worsened/escalated, the FSW, FSTL, and Legal Counsel must make a decision if the FSW should petition for custody. <b>IF THERE IS ANY DOUBT, REFER TO CPS IMMEDIATELY.</b></li><li>16. A CFTM, with a skilled facilitator, must be held prior to filing a petition for custody to explore all alternatives to custody. The TC must approve the decision to petition.</li></ol>
<b>C. Cases exiting state custody</b>	<ol style="list-style-type: none"><li>1. The same FSW will continue to work with the family after the child is released from state custody if services are court-ordered and/or deemed necessary by the FSW and the FSTL.</li><li>2. At the custody discharge CFTM, a new <b>NCPP</b> will be developed with the family.</li><li>3. The custody case will be closed in TNKIDS and a family service case opened in TNKIDS.</li><li>4. There will be two (2) face-to-face contacts with the family per month with at least one (1) of these being a home visit. Each family member must be seen face-to-</li></ol>

	<p>face at least one (1) time per month in order to assess risk and to ensure that all family members are involved.</p> <ol style="list-style-type: none"><li>5. There must be contact every other week with each provider that is working with the family. This contact may be by telephone, e-mail or face-to-face.</li><li>6. There will be an FSTM within (90) days from the date the child is released from state custody as long as the case remains open. A new <b>NCPP</b> will be developed at each FSTM.</li><li>7. The FFA will be updated quarterly as long as the case is open.</li><li>8. Family Services initiated upon release from custody should not remain open longer than sixty (60) days. If extenuating circumstances exist necessitating the case remain open longer than sixty (60) days, the Team Coordinator must give permission for the case to remain open another sixty (60) days. If Family Services are court-ordered upon discharge from custody, the case must return to court before case closure.</li><li>9. Risk is assessed continuously throughout the life of the case using any available assessment tools including the FFA and FAST. Risk is also addressed and assessed at each FSTM.</li><li>10. A CFTM, with a skilled facilitator, must be held prior to filing a petition for custody to explore all alternatives to custody. The TC must approve the decision to petition.</li><li>11. The FSW in charge of the "in-home" child/family case will be responsible for closing the case when services to the child and family have been completed. Refer to <b>Case Closure Protocol</b>.</li></ol>
<b>D. CPS referrals on family service cases</b>	<p>If, at any point, during the life of a family service case, CPS receives a referral on the family from Central Intake, the CPS worker, the FSW, and their respective TLs will confer and decide on 1 of 3 courses of action:</p> <ol style="list-style-type: none"><li>1. The decision is made for the FSW not to be involved while the investigation is being conducted by CPS; however the FS case remains open.</li><li>2. The decision is made for the FSW and the CPS worker to collaborate on the investigation due to the working relationship the FSW has with the family. The FSW will function solely as a support for the CPS worker and will not be involved with the assessment/investigation.</li><li>3. The decision is made that the referral is about the same issues that the FSW is already working on with the family and there are no safety issues for the child. The referral will be sent back to Central Intake and a screen out requested with an explanation of why. The FSW handles the issue as a Family Service.</li></ol>
<b>E. Case file documentation and organization</b>	<ol style="list-style-type: none"><li>1. Each family will have one (1) record.</li><li>2. All documents will be filed in a classification folder with two (2) dividers and the case record contents will be filed according to the <b>Child Protective/Non-custodial Case File Documentation and Organization Checklist, (CS-0726)</b>.</li></ol>

	<p>3. The case record contents including forms will be filed in ascending (↑) order (from the bottom up with most recent on top).</p> <p>4. The case record will be labeled on the tab portion of the folder with the mother's or primary caregiver's last name listed first separated by a comma followed by the mother's or primary caregiver's first name.</p> <p>5. FSW non-custodial cases that are transferred to custodial services will be documented and organized as outlined in DCS policy <a href="#">31.5 Regional Child Case Files</a>.</p>
<b>F. Forms</b>	<p>As soon as possible after receiving cases transferred from CPS investigation and/or from CPS assessment or directly from the Court, ensure that the forms listed below are completed as applicable:</p> <ul style="list-style-type: none"><li>◆ <b>CS 0498 Family Intervention Services Application,</b></li><li>◆ <b>CS-0699, Notices of Privacy Practices,</b></li><li>◆ <b>CS 0668, Authorization for Release of Information to the Department of Children's Services and Notification of Release and</b></li><li>◆ <b>CS-0827, Non Custodial Consent for Transportation.</b></li></ul>
<b>G. MRS/FSW Process</b>	<p>Refer to the <a href="#">A Case Worker's Guide to Opening and Transitioning Cases</a> that outlines the time frames/documentation and pertinent information required to be met by the FSW or applicable staff serving the family.</p>
<b>H. Interdependent/ Transitional Living</b>	<p>Youth receiving non-custodial services may be eligible for Transitional living services if they were previously in the custody of DCS. See DCS policy <a href="#">16.52 Eligibility for Interdependent Living and Voluntary Post Custody Services, Section E #4</a>. It is best practice for children between the ages of 14-18 to complete the Ansell Casey Life Skills Assessment to determine their need for training. Results of the assessment may indicate referral to local community-based and mentoring programs to assist in preparing youth to live independently.</p>
<b>I. Data system documentation</b>	<p>Unless other requirements are specified in policy for documentation, or events not documented elsewhere or requiring a broader explanation, all information required to be documented in case recordings must be entered within thirty (30) days from the date of the contact or occurrence.</p>

<b>Forms:</b>	<a href="#"><u>CS 0498 Family Intervention Services Application</u></a> <a href="#"><u>CS 0668, Authorization for Release of Information to the Department of Children's Services and Notification of Release</u></a> <a href="#"><u>CS-0699, Notices of Privacy Practices</u></a> <a href="#"><u>CS-0726, Child Protective Services/Non-Custodial Case File Documentation and Organization Checklist</u></a> <a href="#"><u>CS-0787, Non Custodial Permanency Plan</u></a> <a href="#"><u>CS-0827, Non Custodial Consent for Transportation</u></a>
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<b>Collateral documents:</b>	<a href="#"><u>Case Closure Protocol</u></a> <i>A Case Worker's Guide to Opening and Transitioning Cases - <b>Pending</b></i>
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